

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HISTORIC RESOURCES

STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM
HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK

DHR Project No. _____

Instructions: Upon completion of the rehabilitation, submit this form with photographs of the completed work (both exterior and interior views), together with the appropriate review fee. If a Part 2 application has not been previously submitted, it must accompany this Request for Certification of Completed Work. Type or print clearly in black ink. The decision by the Virginia Department of Historic Resources (DHR) with respect to certification is made on the basis of the descriptions in this application form. In the event of any discrepancy between the application form and other, supplementary material submitted with it (such as architectural plans, drawings, and specifications), the application form shall take precedence.

Data on property:

Name of property: _____

Address of property Street: _____

City: _____ State: Virginia Zip: _____

Is this property a certified historic structure? ☐ Yes ☐ No

☐ Individually listed on the Virginia Landmarks Register

☐ Certified as contributing structure in listed historic district (attach DHR letter of certification)

☐ Certified as eligible for individual listing on the Virginia Landmarks Register (attach DHR letter of certification)

Data on rehabilitation project:

Project starting date: _____

This application covers number _____ of _____ phases.

Date of final Certificate of Occupancy (or, if no Certificate of Occupancy was issued, date rehabilitation work was completed):

Costs attributed solely to the rehabilitation of the historic structure:

\$ _____ (If over \$100,000 attach CPA certification)

Costs attributed to new construction associated with the rehabilitation, including additions, site work, parking lots, landscaping:

\$ _____

Assessed value of the building in the year prior to the start of the rehabilitation project:

\$ _____

As defined under §58.1-339.2, the building: ☐ is owner-occupied ☐ is not owner-occupied

Following rehabilitation, the building will be used for:

☐ Owner-occupied single-family residence

☐ Rental housing

☐ Market rate

Number of units: _____

☐ Low/moderate income

Number of units: _____

☐ Assisted living

Number of units: _____

☐ Office/commercial space

☐ Retail space

☐ Industrial space

☐ Hotel/Bed and Breakfast/Inn

☐ Other: _____

Data on ownership and Request for Certification:

I hereby apply for certification of rehabilitation work described above for purposes of the State tax incentives. I declare under penalty of law that the information provided is, to the best of my knowledge, correct, and that in my opinion the completed rehabilitation meets the Secretary's "Standards for Rehabilitation" and is consistent with the work described in Part 2 of the Historic Preservation Certification Application.

Name: _____

(If there is more than one owner, Disclosure of Ownership Form must be attached.)

Organization: _____

Street: _____

City: _____ State: _____ Zip: _____

Social Security or Taxpayer Identification Number: _____

I attest that I have, or am the authorized representative of an entity that has, a possessory interest in the property:

- ☐ I am the owner or an authorized representative of the owner. (Attach list of additional owners if necessary.)
- ☐ I am a lessee or an authorized representative of a lessee which actually incurred the rehabilitation expenditures.
- ☐ The credit is being claimed under a landlord-tenant pass-through arrangement. I am a lessee or an authorized representative of a lessee under a lease term of 5 years or longer.

Signature: _____ Date: _____

☐ See Attachments